

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4304AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2008
NAME OF PROVIDER OR SUPPLIER GOLDEN ACRES 2		STREET ADDRESS, CITY, STATE, ZIP CODE 6215 EAST OWENS AVE LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 11/14/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for eight total beds.</p> <p>The facility had the following category of classified beds: Category 2</p> <p>The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons.</p> <p>The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed.</p> <p>There was one complaint investigated during the survey. Complaint # NV00015337 Substantiated (Tag 106)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105 Y 105 SS=D	<p>Continued From page 1</p> <p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 3 employees had met the background check requirements for criminal history (Employee #2).</p> <p>Findings include:</p> <p>Employee #2 was hired in September 2005. The employee file contained a positive FBI (Federal Bureau of Investigation) clearance.</p> <p>On 11/14/08 at 10:25AM, Employee #2 indicated the incident had been cleared.</p> <p>On 11/14/08 at 11:15AM, Employee #2 showed evidence of a Satisfaction of Judgement dated 4/11/07. Employee #2 indicated the facility file at the Bureau of Licensure and Certification (BLC) should have a copy of the document.</p> <p>On 11/14/08, in the afternoon, the surveyor called the BLC office in Carson City and spoke with the employee in the records department. Therewas no copy of the Satisfaction of Judgement in the facility file.</p> <p>Severity: 2 Scope: 1</p>	Y 105 Y 105		

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Y 106 Y 106 SS=E	<p>Continued From page 2</p> <p>449.200(2)(a) Personnel File - 1st aid & CPR</p> <p>NAC 449.200</p> <p>2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1,</p> <p>(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 3 employees had evidence of current training in cardiopulmonary resuscitation (CPR) (Employee #2 and #3).</p> <p>Findings include:</p> <p>Employee #2 was hired in September 2005. Employee #2's personnel file had documented evidence of CPR certification with an expiration date of 6/29/08. There was no additional documentation of a current CPR card.</p> <p>Employee #3 was hired on 4/23/05. Employee #3's personnel file had documented evidence of CPR certification with an expiration date of 6/29/08. There was no additional documentation of a current CPR card.</p> <p>Employee #2 revealed she was not aware the CPR certification had expired.</p> <p>Severity: 2 Scope: 2</p>	Y 106 Y 106		

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Y 106	Continued From page 3 CPT #NV00015337	Y 106			
Y 320 SS=F	449.220(1) Bedroom Doors - Locks NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. This Regulation is not met as evidenced by: Based on observation, the facility failed to provide 4 bedroom doors with a single motion lock. Findings include: On 11/14/08 at 11:20AM during the tour of the facility, the door to bedrooms #1, #2, #3 and #4 had a dual motion lock from the inside. A key was required to open it from the outside. Employee #2 revealed she was not aware the dual locks were not permitted on the bedroom doors. Severity: 2 Scope: 3	Y 320			
Y 356 SS=F	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.	Y 356			

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Y 356	Continued From page 4 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide 2 bathroom doors with a single motion lock. On 11/14/08 at 11:20AM during the facility tour, it was noted Bathroom #1 and #2 had dual motion locks on the door. Employee #2 indicated she was not aware the facility could not use dual motion locks on the doors. Severity: 2 Scope: 3	Y 356		
Y 434 SS=F	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on observation and record review, the facility failed to ensure evacuation drills were conducted monthly, recorded and kept on file at the facility. Findings include: A review of the fire drill log revealed the facility failed to conduct monthly fire drills. Fire drills were recorded for 9 of the past 12 months.	Y 434		

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Y 434	Continued From page 5 On 11/14/08 at 9:40AM, Employee #2 was observed completing a fire drill record for the month of July 2008. There were no documented fire drills for the months of August 2008, September 2008 and October 2008. Severity: 2 Scope: 3	Y 434		
Y 435 SS=F	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure 1 of 1 facility fire extinguishers was inspected annually. Findings include: During the survey, it was observed the facility fire extinguisher located in the dining area was last inspected on 07/27/06. Severity: 2 Scope: 3	Y 435		
Y 455 SS=C	449.231(2)(e) First Aid Kit - CPR Mask NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (e) A shield or mask to be used by a person who	Y 455		

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Y 455	Continued From page 6 is administering cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide a complete first aid kit. During the examination of the first aid kit, there was no Cardiopulmonary Resuscitation mask found. Employee #2 revealed there was no mask available. Severity: 1 Scope: 3	Y 455			
Y 533 SS=F	449.260(1)(g)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on observation and interviews on 11/14/08, the facility did not provide at least 10 hours of activities for 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6). Findings include:	Y 533			

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Y 533	<p>Continued From page 7</p> <p>A schedule for activities was observed on a wall in the dining room. September 2000 was written above each day on the monthly schedule and May of 2008 printed at the top of the schedule.</p> <p>The employees of the facility did not follow the activity schedule posted. Exercise was scheduled for 9:30AM and no exercise activity was offered to the residents at 9:30AM.</p> <p>Four residents were interviewed about facility activities. Resident #2 revealed he would like to be able to go to church.</p> <p>Resident #4 indicated he was able to do what he wanted to do.</p> <p>Resident #5 related when she lived at another facility there was an opportunity to play cards and checkers and sing songs.</p> <p>Resident #5 expressed interest in having activities in her current home.</p> <p>Resident #6 indicated he went out to gamble once a month, but would like to go out more.</p> <p>Severity: 2 Scope: 3</p>	Y 533			
Y 870 SS=C	<p>449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p>	Y 870			

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Y 870	<p>Continued From page 8</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to have the resident's medication reviewed at least every 6 months for five of six residents (Resident #2, #3, #4, #5 and #6).</p> <p>Findings include:</p> <p>Resident #2 was admitted to the facility on 2/3/07. The only medication review available in the record was dated 5/30/08.</p> <p>Resident #3 was admitted to the facility on 7/28/06. The only medication review available in the record was dated 5/21/08.</p> <p>Resident #4 was admitted to the facility on 11/23/06. The only medication review available in the record was dated 4/8/08.</p> <p>Resident #5 was admitted to the facility on 10/18/06. There were two medication reviews available in the chart (5/18/07 and 4/26/08).</p> <p>Resident #6 was admitted to the facility on 7/1/06. There were no medication reviews available in the record.</p> <p>The Administrator did not give an explanation as</p>	Y 870		

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Y 870	Continued From page 9 to why the medication review was not completed every six months. Severity: 1 Scope: 3	Y 870		
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: NRS 449.037(6). The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 <NRS-453.html> and 454.213 <NRS-454.html> to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons: 6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement. NRS 454.213 Authority to possess and administer dangerous drug. A drug or medicine referred to in NRS 454.181 <NRS-454.html> to 454.371 <NRS-454.html>, inclusive, may be possessed and administered by: 10. An ultimate user or any person designated by the ultimate user pursuant to a written	Y 876		

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Y 876	Continued From page 10 agreement. Based on interview and record review, the facility failed to ensure that an ultimate user agreement was signed for 2 of 6 residents (Resident #1 and #6). Findings include: Resident #1 was admitted to the facility on 7/10/08. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Resident #6 was admitted to the facility on 7/1/06. The resident's file did not contain a signed ultimate user agreement that authorized the facility to administer medications to the resident. Employee #3 indicated she administered medications to all the residents living in the facility. Severity: 1 Scope: 2	Y 876		
Y 898 SS=E	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898		

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Y 898	Continued From page 11 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the medication administration record (MAR) was accurate for 2 of 6 residents (Resident #2 and #3). Findings include Resident #2 was admitted to the facility on 2/3/07. Prednisolone AC, give one drop in the right eye daily and Betimol 0.5% eye drops, give one drop in both eyes daily were filled by the pharmacy on 9/23/08. The November 2008 MAR did not have both of the medications written on the MAR. Employee #3 revealed the eye drops were given as ordered, but there was not enough room on the MAR to write the medications. Resident #2 indicated he has been receiving the eye drops every day. Resident #3 was admitted to the facility on 7/28/06. Amlodipine 10 milligrams (mg) give one daily and Diovan 80 mg give one daily were not written on the November 2008 MAR. Employee #3 revealed the medications were given as ordered, but there was not enough room on the MAR to write the medications. Severity: 2 Scope: 2	Y 898		
Y 930 SS=C	449.2749(1)(a) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at	Y 930		

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Y 930	<p>Continued From page 12</p> <p>least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(a) The full name, address, date of birth and social security number of the resident.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure the files were maintained in a locked cabinet for 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6).</p> <p>Findings include:</p> <p>On 11/14/08 at 7:15AM, Employee #3 retrieved the resident files from an unlocked cupboard in the facility living room.</p> <p>Employee #2 indicated the resident files were to be kept in the locked file cabinet in the dining room.</p> <p>Severity: 1 Scope: 3</p>	Y 930			
Y 936 SS=F	<p>449.2749(1)(e) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical</p>	Y 936			

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Y 936	<p>Continued From page 13</p> <p>information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis.</p> <p>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the</p>	Y 936			

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Y 936	Continued From page 14 test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph	Y 936			

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Y 936	<p>Continued From page 15</p> <p>(h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.</p> <p>5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with</p>	Y 936			

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Y 936	<p>Continued From page 16</p> <p>the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on interview and record review, the facility failed to ensure 2 of 6 residents complied with NAC 441A.380 regarding tuberculosis (Resident #2 and #4).</p> <p>Findings include:</p> <p>Resident #2 was admitted to the facility on 2/3/07. The file contained documentation the resident completed the required two-step TB skin testing on 10/4/07. The file did not contain proof the resident received an annual one-step TB skin test for 2008.</p> <p>Resident #4 was admitted to the facility on 11/23/06. The file contained documentation the resident completed the required two-step TB skin testing on 7/6/06 and an annual TB skin test on 9/30/07. The file did not contain proof the resident received an annual one-step TB skin test for 2008.</p> <p>Employee #2 indicated the annual TB skin testing had been missed.</p> <p>Severity: 2 Scope: 3</p> <p>This is a repeat deficiency from the survey of 5/06/07.</p>	Y 936		

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Y 938 Y 938 SS=F	Continued From page 17 449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to perform an initial evaluation for 2 of 6 residents regarding their abilities to perform the activities of daily living (ADL) (Resident #5 and #6). Findings include: Resident #5 was admitted to the facility on 10/18/06. There were no documented ADL assessments found in the resident's file. Resident #6 was admitted to the facility on 7/1/06.	Y 938 Y 938			

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Y 938	Continued From page 18 There were no documented ADL assessments found in the resident's file. Plan of correction from the survey of 5/6/07 indicated the Administrator would review the resident files every six months. The Administrator did not provide an explanation as to why the ADL assessments were not completed. Severity: 2 Scope: 1 This is a repeat deficiency from the survey of 5/06/07.	Y 938			
Y 940 SS=F	449.2749(1)(g)(3) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.	Y 940			

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Y 940	<p>Continued From page 19</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to perform an annual evaluation of a resident's ability to perform the activities of daily living (ADL) on 5 of 6 residents residing in the facility longer than a year (Resident #2, #3, #4, #5 and #6).</p> <p>Findings include:</p> <p>Resident #2 was admitted to the facility on 2/3/07. There was an ADL assessment completed on 2/3/07. There were no other ADL assessments found in the resident's file.</p> <p>Resident #3 was admitted to the facility on 7/28/06. There was an ADL assessment completed with no date indicating when the assessment was completed. There were no other documented ADL assessments found in the resident's file.</p> <p>Resident #4 was admitted to the facility on 11/23/06. There was an ADL assessment completed on 12/14/06. There were no other documented ADL assessments found in the resident's file.</p> <p>Resident #5 was admitted to the facility on 10/18/06. There were no documented ADL assessments found in the resident's file.</p> <p>Resident #6 was admitted to the facility on 7/1/06. There were no documented ADL assessments found in the resident's file.</p> <p>Plan of correction from the survey of 5/6/07 indicated the Administrator would review the resident files every six months.</p>	Y 940			

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Y 940	<p>Continued From page 20</p> <p>The Administrator did not provide an explanation as to why the ADL assessments were not completed.</p> <p>Severity: 2 Scope: 3</p> <p>This is a repeat deficiency from the survey of 5/6/07.</p>	Y 940			

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